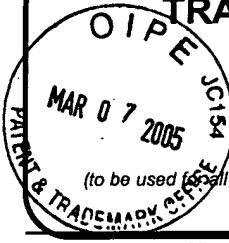


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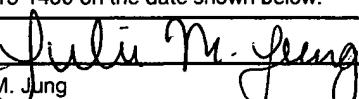
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>  <i>MAR 07 2005</i>		Application Number	10/679,929
		Confirmation Number	2919
		Filing Date	10/06/2003
		First Named Inventor	Paul A. Moshenrose
		Art Unit	1744
		Examiner Name	
Total Number of Pages in This Submission	46	Attorney Docket Number	20501/271

ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copies of IDS Citations: 2 U.S. Patent Documents 2 Foreign Patent Documents	
		Remarks It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 502382 for the required fees.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Setter Ollila, LLC		
Signature			
Printed Name	Gregg L. Jansen		
Date	March 4, 2005	Reg. No.	46,799

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	
Typed or printed name	Julie M. Jung
Date	March 4, 2005

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Substitute for form 1449A/PTO		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Application Number	10/679,929
		Filing Date	10/06/2003
		First Named Inventor	Paul A. Moshenrose
		Art Unit	
		Examiner Name	
Sheet 8/	1	of	1
		Attorney Docket Number	20501/271

Examiner Signature _____ **Date Considered** _____

***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

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